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"NEC TENUI PENNA."

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J. W. HOLLAND, A. M., M. D., Editor.
H. A. COTTELL, M. D., . . . Managing Editor.

THE SURGERY OF EMPYEMA.

If there be one point in practice upon which modern surgeons are agreed it is that pus in the pleura must be evacuated by surgical interference. As regards the best method of maintaining drainage, there is a great variety of opinion. There are some differences also on the advisability of irrigation and the lotion to be used. It has not been many years since the harmony on the first-named point became evident. Less than forty years ago Gerhard said "he would as soon put a bullet through the chest of a patient" as to make an incision.

The introduction of the aspirator and the remarkable success obtained by Bowditch, in thoracentesis, have done much toward removing the prejudice formerly entertained against thoracic surgery. Dr. Bowditch at one time was disposed to laud the aspirator in purulent effusion as superior to incision, which he regarded as a "relic of medieval surgery." In a recent letter to Dr. G. M. Staples (Chicago Med. Review) he writes: "For empyema, or even when very little pus is visible after tapping, generally we think it best to make an opening large enough to admit two tubes, so that thorough washing out with carbolized water may be accomplished. Sometimes, as in an actual case now under treatment, I add an astringent—three grains of tannin to an ounce of water. Above all things let no accumulation of pus take place. Do this and sustain with quinine or alcohol, or both in some form, tak-

ing care not to teach drunkenness, and you will have my plan at present."

Most surgeons of today, as soon as they have ascertained the purulent nature of the fluid by exploring with a hypodermic syringe, would, like Fraentzel in Ziemssen's Cyclopaedia, think it a waste of time to resort to aspiration, though there are some who advocate its use twice before making the free incision. In our experience the fluid is certain to reaccumulate.

Dr. Goodhart made an analysis of seventy-seven cases, and gives in "Guy's Hospital Reports" for 1877, the following result: Of fifteen who were not operated on, two only—and they were children—recov-ered without discharge of pus. In eleven of the fifteen the effusion was removed after pointing either by spontaneous discharge or incisions. Two of these made good recov-eries from single incision, the remainder, by the method of free drainage, got entirely well.

At one time there was a great dread of admitting air, lest it irritate the sac by setting up putrefactive change in its con-tents. The impossibility of making a free opening without allowing air to enter has driven operators to devise expedients for dis-infecting the air as it enters the canula, by Lister's spray, closing with the regulation antiseptic dressings, and repeating the proc-ess twice a week. There is weighty autho-rity for the double opening and U-shaped drainage-tube discharging the pus as fast as it forms, before it becomes fetid. Many successes have been reported for the opera-tion by single incision; freedom from fetor being secured by frequent irrigation with

warm carbolized or thymolized water, or water plain.

Dr. Stone, of New Orleans, praised highly the operation of exsection of a portion of a rib so as to give ample exit to the contents of the pleura. This may answer in the case of adults where deformity of the spine and thorax are not usual attendants upon pleuritic effusion, but in children the ready adaptability of the chest-wall to the collapsed lung is a feature to be considered. Dr. Jacobi does not approve of exsection, and Dr. J. Lewis Smith, before the New York Academy of Medicine, is reported as expressing his belief that there will be a reaction against it in all cases. The latter—like Dr. Agnew, of Philadelphia—does not favor washing out the cavity unless the pus is offensive, and is inclined to regard irrigation as more injurious than beneficial. It may be urged in reply that unless you resort to through-drainage by a double incision, so as to have constant discharge, you are very sure to have fetor in the retained pus unless you practice Listerism by spray or frequent irrigation to prevent it.

Dr. F. E. Martindale, in the July number of the American Journal of Medical Sciences, has a clinical report of a case which recovered by through-drainage and irrigation. An opening and counter-opening were made under spray and daily washing practiced with all the Listerian precautions. After all his trouble his results are not so good as those obtained by Dr. Staples (Chicago Med. Rev.). Of course no method is equally successful in all cases, each must be judged on its merits; but Dr. Staples makes a comparative study of a number of cases reported by different observers, and concludes that the ratio of recoveries and duration of treatment are not so largely in favor of the Listerian method as the enthusiasm of its friends would have us believe. The twice-daily washings and dressings described by Fraentzel kept up, it may be, for months, present to the surgeon difficulties of detail to justify which there ought to be well-attested evidences of advantage.

Among the operations by a single opening lately recorded, that of Dr. Staples has much to recommend it. His case was an unusually favorable one, as it recovered entirely in twelve days after the operation. A three-sixteenths rubber drainage-tube was introduced to the extent of five or six inches through an incision in the eighth space, and left hanging outside eight inches in length. He claims that as the base of the chest is considerably lower behind than in front, the usual point of incision is above and in front of a cavity, which increases in depth as it goes backward. This cavity must fill up before the pus will flow out of the ordinary opening or drainage-tube; hence there will always be some remaining to irritate and decompose, unless the discharging-tube reach to the bottom. This seems wholly reasonable, and that it is practical a recent case of the editor's has exemplified. Dr. Staples magnifies the importance of having a long tube outside. It is convenient, enabling the operator to wash out and empty the pleura without dragging on or rubbing the sore opening, but it does not act as a siphon, as the doctor supposes. In order for it to act as a siphon there must be like conditions of atmospheric pressure within and without the thorax. Unless there is an open space round the drainage-tube at the point of entrance, the pressure on the column of fluid in the tube will depend entirely upon the elasticity of the chest-wall or the expansion of the lungs. This, however, is not important. The tube will in the adaptable thorax of a child empty the sac without the siphon-action. In an adult a large opening may be necessary if the siphon idea be counted of value. The tube is to be retained by two or three strips of plaster wound around it and attached to the side. A tight thread around the tube will close it when it is desired to preserve cleanliness.

The favorite wash with most writers is carbolic acid, two or four grains to the ounce of water, at 100°. Some prefer quinine in solution. In obstinate cases these have been varied occasionally with tinct. iodine, thirty

minims to the ounce, though Dr. Day says that iodine in even the smallest amounts is apt to cause pain and fever. In any case if the single opening does not stop the fever another must be made at the most dependent part and through-drainage kept up.

THE PRESIDENT'S UNFAVORABLE SYMPTOMS.—The alarming symptoms developed in the condition of the President on Saturday, the 23d instant, proved to be nothing more serious than the rigors, fever, and sweating so often seen accompanying the formation of an abscess.

It is not surprising that this unfavorable turn should have led the attending surgeons to fear pyemia, and to seek the advice of the consulting surgeons before attempting any operative measures for the letting out of the accumulated pus. The track of the ball, which up to this time had freely discharged pus, it would seem, had closed because of granulation near the point of entrance, giving rise to an abscess at a site about three inches below this point. This abscess was readily diagnosed, and Dr. Agnew cut down to it, giving exit to the contained pus, with almost immediate relief of the symptoms. Subsequently this incision was enlarged and several pieces of the fractured bone removed. The discharge is now through the counter-opening. As we go to press the condition of the President is as favorable as under the circumstances could be expected. The temperature, pulse, and respirations are but little above normal, and he is able to sleep soundly, awaking refreshed.

Though the dangers of pyemia and exhaustion are still in his way, there is good reason to believe that the President will survive his injuries. Careful microscopic and chemical examination of the discharge from the wound has failed to reveal the presence of liver *debris* or bile, and there are good reasons, from a practical as well as a theoretical point of view, for the belief that the cavity of the abdomen was not entered; and consequently no vital organ injured.

Original.

THE ARMAMENTARIUM OF THE GENERAL PRACTITIONER.

BY WILLARD H. MORSE, M.D.

PART VI.

XXXV. BULLET INSTRUMENTS.

Every physician in general practice has more or less frequent occasion to meet with gunshot-wounds, where a bullet is to be extracted, and needs to have by him some of the many "bullet instruments." The bullet probe of best reputation is Nélaton's (sixty cents), its porcelain head and beautiful finish making it both serviceable and admirable. Sayre has a vertebrated probe (\$8) of some worth. Hamilton's Nélaton's set of three (\$2.50), the long silver probe (\$2.50), the whalebone (sixty cents), and the well-known "lead-bullet probe" (fifty cents) are all of good reputation. Some years ago Tiemann & Co. introduced the bullet forceps that bears their name, and it has upon its own merits won an enviable name. In the late Franco-German war it was put in use by the army surgeons, and styled "the American bullet forceps." The price is \$2.25, and it is well worth it. Gross's forceps (\$2.50), Hamilton's (\$2.50), Thomasin's (\$2.50) are other makes. The U. S. Army forceps enjoys the prestige of a glorious name (\$2). Of bullet seekers, honor is asked for the "burr-head" (\$1). There is also the flexible seeker, sold at \$6, but by no means six times better than the "burr-head."

XXXVI. AUXILIARY LARYNGOSCOPIC INSTRUMENTS.

Other than those noticed elsewhere in this series of papers there are a few laryngoscopic and esophageal instruments that are needed. Among these are the bristle probang (\$1.50), well known to most of my readers, and necessary for every cabinet; a set of esophageal dilators (\$4); a Buck's sponge-holder (\$1.50); a flexible stem brush-holder, and twelve brushes (\$2); and a Leute's probe (\$1.50). If one makes a specialty of throat-diseases he of course needs a larger number of instruments.

XXXVII. TRACHEOTOMY INSTRUMENTS.

Every physician should be prepared to do tracheotomy if necessary, and to this end he needs a fair complement of instruments. Thirty dollars will buy the necessary instru-

ments, comprised as follows: A Wells's retractor (\$2), scalpel (\$1.50), a Buck's guide (\$2), a Langenbeck's hook (\$3), a Langenbeck's tracheotome (\$4), a Trousseau's dilator (\$2.50), Tardieu's scissors (\$5), forceps (\$2.50), canula (\$4), mop (seventy-five cents), double tube (\$6). This makes out a full set, with what is to be found in the pocket-case, and the chief prerequisite to its effective use is fearlessness.

XXXVIII. URETHRAL INSTRUMENTS.

A few words as to urethral instruments that I have not elsewhere mentioned. Of these, what do we need? A meatoscope? No. An endoscope? That depends on the size of purse. Désormeaux's is sold at \$60 to \$125; Laveur's is \$20; Dr. Skene has an article for \$2.75, that works well. Bougies? We must have them. There are the olive-pointed, indispensable (seventy-five cents), gum filiform (seventy-five cents), bulbous (\$1), olivary whalebone (fifty cents), red English, ever necessary (forty cents), French elastic (seventy-five cents), Otis's (fifty cents), and a number of others. As to sounds: There are several makes at \$1.50 each; Sayre's, Gouley's, Van Buren and Keyes's, Lawrence's, and Bumstead's. Faith pinned on Gouley's is perennial. Of urethral syringes there are the "long-pipe" (\$1.25), Bumstead's (\$2.50), Dick's caustic (\$3.50), Bigelow's (\$6), Otis's (\$5), Parker's (\$4), and a few others. Take your choice and resolve to be suited. Concerning dilators, there is nothing better than Bumstead's Holt's (\$18), but Thebeaud's (\$10) answers every purpose, and is made upon a good principle. As to divulsors, don't buy one. They may be very nice, but you have your dilator. Do you propose performing urethrotomy? If you do, then choose your urethrotome. There are thirty or more makes, some cutting in one way, some in another. All may be efficient; but guard against one that divides the morbid tissues but partly and works without your control. The operation should not be a mechanical effort, but an intelligent action. The best operators prefer the Civiale instrument, and I desire to recommend it. Though only one of many French urethrotomes, it is worthy of precedence over all others. The price is \$12, and it pays for a reliable instrument. External urethrotomy few will undertake, and the same may be said of lithotrity, lithectasy, or lithotomy, therefore I shall not waste space describing instruments for performing these operations. Then there are urethrom-

eters, over-distenders, debris-syringes, and guides; but of these the general practitioner has no need. In operations about the urethra we place almost as much dependence on a good instrument as on a skilled hand, but the two should marry. By the way, a urethral case can be bought for \$125.

XXXIX. FUNIS-CLAMPS.

Six years ago Dr. E. R. Pulling devised an elastic funis-clamp, made of a strip of thin steel doubled on itself. It is clasped upon one end, fitting under a slide, and is safer, more effective, and as simple as the ligature. It gives constant pressure, compressing the cord to the perfect obliteration of the vessels, and is both sure and convenient. Tie-mann manufactures it, and the price is forty cents. I would advise the purchase of two of these.

XL. NEEDLE-HOLDERS.

There are operations in which a needle-holder is a necessity. Without it the physician should never undertake any operation however simple, as it may be needed and should be held at hand. But in gynecological practice it becomes the better known the more sufficient. Let me recommend Dr. DeGaine's as deserving of highest honor. It is a Russian invention, but is now made in this country. The price is \$4.

XLI. THE SURGEON'S SAW.

Saws of different shapes and for different purposes are used in surgery. Of these the general practitioner may have need. Though it may hang on its nail for years, there should be in every cabinet an amputation-saw. Parker's (\$5) is the equal of any. A Hey's saw (\$1.50) is not without its merits. For a "subcutaneous" saw Shrady's (\$7) is the best. A chain saw may be purchased for \$8. Reynders makes a fine resection saw, bow-shape (\$6.50); and a metacarpal saw (\$1.75) that has no rival. Stohlmann, of New York, makes a bradsaw (\$6) that is excellent in contrivance. Lewis's folding saw is neat, serviceable, and worthy of some meed of praise; price \$2.50. I can not recommend any one to transform his cabinet into a tool-chest for the sake of possessing a full stock of saws, but the few that I have mentioned are of real advantage if there is any surgery to be done.

XLII. SURGICAL SUNDRIES.

Under this head may be mentioned several articles in common use, as bandages, suture-

and ligature-silk, cotton, gauze, lint, rubber goods, adhesive plaster, and silver wire, etc. Roller bandages may be purchased at any width for \$1.50 per pound, and where old linen, flannel, or cotton are not to be conveniently had, are well worth purchasing.

The "best silk" for ligatures or sutures is variously named. I prefer the "Corticelli" make, and can recommend it as being equally as good as the much-vaunted satin silk. Von Brun's cotton and lint are beyond doubt the best to be found for surgical purposes.

Seabury & Johnson put on the market some excellent rubber and isinglass adhesive plasters and I consider them better than any others.

Of rubber goods, a physician needs bandages, tubing, ice-bags, rubber cloth for lying-in bed, and several other articles which will be described in the appropriate places.

Silver wire for sutures, costing fifty cents a coil, is always worth having. Drainage-tubing, of rubber (forty cents per yard), may be had in three sizes, and Ellis's drainage-spiral (seventy-five cents) should be purchased with it. Litmus paper—more properly a medical than a surgical sundry—is of course one of the indispensables. Every physician has frequent use for a tape-measure, and one of these little instruments should be in your pocket as well as in your wife's work-basket. One with steel ribbon is sold for \$2.75, but a fifty-cent tape-measure is just as good.

On every back-office table should be found a mortar. A small size, purchased for fifty cents, is my favorite. An alcohol lamp should stand by the side of the mortar, and be used as frequently. It may be bought for fifty cents. A vacuum dropper (sixty cents per dozen) is a valuable little article. Mention may also be made of Stoerk's drop-tube, sold at \$2.25 and warranted accurate.

Other sundries or articles that may come under this head are in brief: Glass tubing, \$1 per pound; sponges; spatulas (steel, at twenty-five to seventy-five, or horn, five to twenty-five cents); percolators, fifty cents each; funnels, ten cents to \$3, as to quality; blowpipe (\$4); liquid guttapercha, \$3 per pound.

XLIII. STOMACH - PUMPS.

Some seventy years ago the eminent Dr. Physick introduced into America, or invented, the stomach-pump. It was esteemed a "great thing," says a contemporary, "inasmuch as it pumped out poisons and pumped

in food." It is still, and always will be, in repute. Of the stomach-pumps some of the best-known are Toswill's (\$2.50), Tiemann's (\$10), Lever-action (\$16), Reynder's (\$15). Of these I like Toswill's, for which is claimed the merit of cheapness and simplicity. It works by a siphon arrangement, and the essential action is obtained by the most simple means. It needs no praise of mine, it speaks for itself.

PITTSFIELD, MASS.

Correspondence.

A CASE OF PUERPERAL ECLAMPSIA.

Editors Louisville Medical News:

On the 14th of March last I was called to see Vinie Williams (colored) about eighteen years old, primipara, who for three hours before my arrival had been having puerperal convulsions every few minutes. She was comatose. A very fleshy woman, her previous health had been good till within four or five hours of her first convolution. Her mother said that she had complained of headache, stupor, and sick stomach. Her breathing was stertorous and her right arm and leg motionless. Between the convulsions she was continually moving her left arm and leg in all directions.

I at once took about eighteen or twenty ounces of blood, and gave her fifteen grains chloral hypodermically and twenty grains by the mouth. Half an hour afterward I took ten or twelve ounces more of blood and repeated the injection of chloral. The convulsions were now at longer intervals. I repeated the chloral, fifteen grains^{*} every hour hypodermically, for six hours. By this time the convulsions had about ceased, and then labor began. She was soon delivered of a large male child, stillborn. The convulsions continued for some time after the child was born. I continued the chloral by the mouth until they had ceased entirely. In twelve hours she had taken one hundred and eighty grains of chloral, and half that amount was given hypodermically, without any bad results. Her breathing was natural, pulse 100, although she remained comatose for thirty-six hours from the time she was first taken. It was several days before she recovered the use of her right side. There were no sores from the use of the hypodermic syringe, as I had feared.

J. A. LONG, M.D.
SENATOBIA, MISS.

Clinical Lectures.

SOME DISEASES OF THE NEWLY-BORN.

BY WM. T. PLANT, M.D.*

Professor of Diseases of Children, etc., Syracuse University, N. Y.

Gentlemen: At our last interview we were employed in considering one of the dangers that may threaten the life of the newly-born infant, namely, apnea infantum. There are other maladies incident to this early period that claim your attention since you are liable to meet with them in practice. One of these is umbilical inflammation. From faulty care of the stump, from traction upon the cord, from want of cleanliness, from pyemic infection, or from an unhealthy condition of the system, inflammation may occur at the navel within a few days of birth. We do not often meet with it, because most nurses take thoughtful care of the umbilical dressings. It is oftenest seen where the hygienic surroundings are unpropitious, especially if the little patient is predisposed through hereditary taint to constitutional disease. But it does sometimes occur to healthy children in healthy localities. It may exist in various degrees. There may be an erythematous blush only around the umbilicus that subsides readily under the simplest treatment—or under no treatment; or the inflammation may be so active and rebellious as to lead to ugly ulceration and perforation; or perhaps to diffused peritonitis. It may even invade the omphalic blood-vessels and cause fatal arteritis or phlebitis.

Treatment. If the inflammation is slight and the surroundings are favorable to recovery, not much treatment is necessary. A simple water-dressing or a mildly-astringent lotion like this:

R. Plumbi acetatis..... gr. xlvi; 3.00 Gm.;
Aqua puræ..... fl. 3 viij; 240.00 fl.Gm.

will answer the purpose. Fresh oxide of zinc ointment is also a good application.

If the inflammation is intense and actively progressing, a fatal result is imminent. It is of the first importance to surround the child with a pure atmosphere. This may necessitate a change of quarters. Then command personal cleanliness, not only for the infant but for its attendants. Very likely these commands will not be obeyed, but they are essentials and it is your duty to give them. For local treatment, remove the band and apply to the umbilicus a folded cloth wet with a solution of carbolic acid. Here is a good formula for the purpose:

R. Acidi carbolici..... 3 ss; 2.00 Gm.;
Glycerine fl. 3 x; 40.00 fl.Gm.;
Aquaæ..... fl. 3 viij; 240.00 "

Or, if you prefer it, you may lay a light poultice from bread or ground flaxseed, wetted up with the above solution, over the part.

While the inflammation is in progress you will need to look well to the strength of your little patient. From five to ten drops of brandy, or its equivalent of some other stimulant, should be given with milk or sugared water several times daily.

TWENTY-SIX States have boards of health.

*From a clinical lecture.

Books and Pamphlets.

TUBERCULAR LARYNGITIS. By C. J. Lundy, M.D., Detroit. Reprint.

ADVANCEMENT OF THE RECTUS. By A. E. Prince, M.D., Jacksonville, Ill. Reprint.

GLAUCOMA CAUSED BY MENTAL WORRY. By L. Connor, A.M., M.D., Detroit. Reprint.

SPEECH OF HON. BENJ. W. HARRIS, OF MASSACHUSETTS HOUSE OF REPRESENTATIVES, February 18, 1881.

COLOR-BLINDNESS. Remarks of Dr. B. Joy Jeffries, of Boston, Mass., at the Twenty-ninth Annual Meeting of the Board of Supervising Inspectors of Steam-vessels.

AMERICAN NERVOUSNESS, ITS CAUSES AND CONSEQUENCES: A Supplement to Nervous Exhaustion (Neurasthenia). By George M. Beard, A.M., M.D., etc. New York: G. P. Putnam's Sons. 1881. Price, \$1.50.

THE MONTHLY INDEX TO CURRENT PERIODICAL LITERATURE, PROCEEDINGS OF LEARNED SOCIETIES, AND GOVERNMENT PUBLICATIONS. Published at the office of the American Bookseller, 10 Spruce Street, New York. One dollar per year. Single copies, ten cents.

STENOSIS OF THE LARYNX, WITH FIBROUS ADHESIVE BANDS OF THE TRUE VOCAL CORDS; TRACHEOTOMY, RUPTURE OF BANDS, AND CURE OF STENOSIS BY GENERAL LOCAL TREATMENT. By W. H. Daly, M.D., Fellow of the American Laryngological Association, etc. Reprint from the Transactions of the American Medical Association.

THE DAILY PROGRAMME OF THE INTERNATIONAL MEDICAL CONGRESS, 1881, London, August 2d to 9th inclusive. Presented to the delegates by Wm. Wood & Co., New York.

This is a jewel of book-work. Tinted paper, red-line pages, satin cover of peacock blue, and gilt edges make an ensemble of luxury so rich that one begrudges it to the commonplace contents. It should be devoted to favorite poetry and not to publishers' catalogues; not even to Wm. Wood & Co., though they deserve much.

THE OHIO MEDICAL JOURNAL. Vol. I, No. 1, Columbus, O., July 1, 1881.

This is the journal of the Ohio State Medical Society, and takes the place of the usual volume of Transactions. The editor-in-chief is the secretary of the society—Dr. J. F. Baldwin, of Columbus—who is assisted by four associate editors: Dr. J. H. Lowman, of Cleveland; Dr. T. C. Minor, of Cincinnati; Dr. George A. Collamore, of Toledo; and Dr. W. J. Conklin, of Dayton. Dr. Baldwin has been for five years managing editor of the Ohio Medical Recorder, which he succeeded in carrying to a high degree of prosperity, and which is now merged into the new enterprise, while the associate editors are well known and have all had more or less experience in journalistic work.

Formulary.**CREASOTE AS A THERAPEUTIC AGENT IN CHEST-AFFECTIONS.**

Dr. Reuss, of Paris (Glasgow Med. Journal), has found creasote very effectual as a remedy in phthisis. Given in alcohol, cod-liver oil, or glycerin, he found that it caused after a time irritation of the air- and alimentary passages, which sometimes resulted in dangerous or even fatal inflammation of these organs.

With the hope of avoiding these effects, he was led to try balsam of tolu as a corrective, which in his hands has had the desired effect. The creasote must be chemically pure, and the test for purity is that the drug shall not coagulate collodion. He prescribes it in lozenges, the formula for each being—

| | |
|--------------------------|----------------------------|
| Pure balsam tolu..... | gr. iij; 0.20 Gm.; |
| Pure beech creasote..... | gr. $\frac{3}{4}$; 0.05 " |
| Excipient..... | q. s. |

M. Two of these for a dose; given first night and morning, and gradually increase sometimes up to ten lozenges in the day.

He gives tabulated results in twenty cases. Five in the first and three in the second stage were apparently cured; three in the first and three in the second stage improved; three in the second stage were unaffected; one in the second and two in the third stage died.

NEW PAREGORIC.

Matt. W. Borland, in the Pharmacist and Chemist, recommends the following new formula for the preparation of paregoric:

| | |
|----------------------------|--------------------------|
| Powd. opium..... | aa 3j; 4.00 Gm.; |
| Benzoin acid..... | 3j; |
| Camphor..... | gr. xl; 2.66 " |
| Anise seed, freshly gr'nd, | $\frac{2}{3}$ j; 30.00 " |
| Clarified honey..... | aa Oij; 960.00 fl.Gm.; |
| Dilute alcohol..... | |

Mix and macerate for twenty-four hours, and filter through paper.

It is claimed that paregoric made after this formula is more elegant in appearance than the old preparation, that it is quite as pleasant to the taste, and that it will mix with water without becoming milky. This last is a great advantage, and should lead the physician to give it the preference in all prescriptions where water is used as a menstruum.

MATICO INJECTION.

The Pharmacist and Chemist says that Grimault uses the following as an injection in gonorrhœa:

| | |
|-------------------------|------------------------------|
| Sulphate of copper..... | gr. iv; 0.24 Gm.; |
| Infusion of matico..... | $\frac{3}{4}$ viii; 240.00 " |
| Mix. | |

PUCIN (pelletierin) tannate is prescribed for tape-worm in doses of from seven and a half to fifteen grains (0.52 to 1.00 Gm.). The price of this apparently very efficient alkaloid is \$2.25 for one thirty-second of an ounce.—*Pharmacist and Chemist.*

ERRATUM.—In the last formula, page 42, issue of July 23d, see plumbi acetas $\frac{3}{4}$ vj. This is just as the item appeared in the journal from which it was quoted; but it will be seen that six ounces of lead acetate are too much for water $\frac{3}{4}$ ii. The correct reading is probably Liq. plumbi subacetat, fl. $\frac{3}{4}$ vj.

Pharmaceutical.

BUFFALO LITHIA SPRINGS, MECKLENBURG COUNTY, VA.—“This watering place is five hundred feet above the level of the sea, and twelve miles from the Scottsburg depot on the Richmond & Danville Railroad. The surrounding country is elevated and broken, closely resembling the Piedmont section of Virginia, both in physical appearance and in climate. For general healthfulness it is unsurpassed.” The analysis made by Prof. W. P. Tonry, of the Maryland Institute, Baltimore, shows that the water of these springs contains to the amount of 96.126 grains per gallon nearly all the mineral constituents of the human body with lithia 2.250 grains and traces of phosphoric acid and iodine. Its value in the treatment of various chronic affections is attested by the most eminent physicians of the land, and in view of the remedial qualities of the water and the fine sanitary surroundings of the watering-place, it would be wise for physicians to recommend these springs as a summer resort to such patients as may be desirous of seeking health abroad during the heated term.

For those whose circumstances necessitate remaining at home the water can be obtained at reasonable rates by addressing the proprietor, Thomas F. Goode, Buffalo Lithia Springs, Virginia, or R. A. Robinson & Co., Louisville, Ky.

QUININE SULPHATE.—The manufacture of this important salt is constantly increasing. The total annual production of the world is now estimated at about one hundred and twenty-two thousand kilos., distributed as follows: Germany, 28,125 kilos.; France, 20,250 kilos.; England, 13,500 kilos.; United States, 31,500 kilos.; India, 6,125 kilos.; Italy, 22,500 kilos. The figures given for Germany and Italy should be possibly much higher, since their export to the United States has considerably increased during the last few years.—*New Remedies.*

SODIUM, BENZOATE.—Both that made with the natural and that made with the artificial acid have been in quite steady demand. It appears now that this salt will be likely to maintain its position.—*Ibid.*

SODIUM, SULPHOVINATE (Na Et SO₄).—The demand for this mild purgative has greatly increased.—*Ibid.*

* A kilogram is two and one fifth pounds avoirdupois.

Miscellany.

THE HALLUCINATIONS OF GREAT MEN.—The number of great men who have been once, twice, or more frequently subject to hallucinations is considerable. A list, to which it would be easy to make large additions, is given by Brierre de Boismont ("Hallucinations," etc., 1862), from whom I translate the following account of the star of the first Napoleon, which he heard, second-hand, from General Rapp:

In 1806 General Rapp, on his return from the seige of Dantzig, having occasion to speak to the Emperor, entered his study without being announced. He found him so absorbed that his entry was unperceived. The General, seeing the Emperor continue motionless, thought he might be ill and purposely made a noise. Napoleon immediately roused himself and without any preamble, seizing Rapp by the arm said to him, pointing to the sky, "Look there, up there." The General remained silent but being asked a second time he answered that he perceived nothing. "What?" replied the Emperor, "you do not see it? It is my star, it is before you, brilliant;" then animating by degrees he cried out, "It has never abandoned me; I see it on all great occasions; it commands me to go forward, and it is a constant sign of good fortune to me."

It appears that stars of this kind so frequently spoken of in history, and so well known as a metaphor in language, are a common hallucination of the insane. Brierre de Boismont has a chapter on the stars of great men. I can not doubt that fancies of this description were in some cases the basis of that firm belief in astrology which not a few persons of eminence formerly entertained.

The hallucinations of great men may be accounted for in part by their sharing a tendency which we have seen to be not uncommon in the human race, and which, if it happens to be natural to them, is liable to be developed in their overwrought brains by the isolation of their lives. A man in the position of the first Napoleon could have no intimate associates; a great philosopher who explores ways of thought far ahead of his contemporaries must have an inner world in which he passes long and solitary hours. Great men are also apt to have touches of madness; the ideas by which they are haunted and to whose pursuit they devote themselves, and by which they rise to eminence, have much in common with the monomania of insanity. Striking instances of great visionaries may be mentioned who had almost beyond doubt those very nervous seizures with which the

tendency to hallucinations is intimately connected. To take a single instance, Socrates, whose *daimon* was an audible not a visual appearance, was subject to what admits of hardly any other interpretation than cataleptic seizure, standing all night through in a rigid attitude.—*Francis Galton, in Popular Science Monthly.*

SIR ISAAC NEWTON UPON THE VALUE OF SLEEP.—The following quaint letter from Sir Isaac Newton to a medical friend has only been recently published.

LONDON, December 15, 1716.

DEAR DOCTOR—He that in ye mine of knowledge deepest diggeth, hath, like every other miner, ye least breathing time: and must, sometimes at least come to terr. alt for air.

In one of these respiratory intervals I now sit dounie to write to you, my friend.

You ask me how, with so much study, I manage to retene my health. Ah, my dear doctor, you have a better opinion of your lazy friend than he hath of himself. Morpheous is my best companion; without 8 or 9 hours of him your correspondent is not worth one scavenger's peruke. My practizes did at ye first hurt my stomach, but now I eat heartily enow as y' will see when I come down beside you.

I have been much amused by ye singular φενομένα resulting from bringing of a needle into contact with a piece of amber or resin fricated on silke clothe. Ye flame putteth me in mind of sheet lightning on a small—how very small—scale. But I shall in my epistles abjure Philosophy whereof when I come down to Sakly I'll give you know. I began to scrawl at 5 mins frm 9 of ye clk, and have in writing consd 10 mins. My Ld. Somerset is announced.

Farewell, Gd bless you and help yr sincere friend,
(Signed) ISAAC NEWTON,
To Dr. Law, Suffolk.

BROMIDES IN TRAVELING.—Now that summer has come, and that many are planning their annual holiday to far distant lands, it is well to draw attention to the value of bromide of potassium as a help to traveling. The best plans are sometimes completely upset by nervous and delicate ladies traveling all day—still more by night-traveling; and their hardy companions may have to storm or fume for days in some out-of-the-way place. Dr. Tilt, in the British Medical Journal, says he has enabled such women to travel long distances, with comfort to themselves and to the rest of the party, by telling them to take twenty-five grains of bromide of potassium, dissolved in a wineglassful of cold water, on going to bed, after traveling all day. A good night has enabled most of them to continue their journey the next day, and upon the following day, by taking the same dose of the bromide on each successive night.

QUININOPHOBIA.—The New York Medical Record has suddenly discovered that enormous quantities of quinine are used rather recklessly and unadvisedly by the populace (*Chicago Medical Review*). A maliciously-inclined critic might infer that the editor of the Record or some one of his friends is "short" on quinine, and desires to "bear" the market by creating a quinine scare. A large quantity of quinine may be used recklessly by the public generally, still quinine will do less harm and more good than the cathartics and other curealls at one time fashionable. While there is a general tendency to sneer at the existence of "malaria," there is but little doubt that the unknown entity designated by that name is much more prevalent in many places, and particularly in New York City, than formerly. The Record's remarks were therefore uncalled for, and calculated to do harm, . . . through leading the public to look on a very useful remedy with suspicion. The average human being takes things very literally, and when he is told that quinine under conditions causes cerebral congestion, he ignores the certain conditions and accepts as a fact that quinine causes cerebral congestion, and looks on his physician with suspicion if the latter prescribe that drug. . . . While it is of course the duty of the Medical Record to discuss every topic of interest to the profession, this might be done in a manner less unpleasantly calculated to create suspicions of a design on the drug-market.

INTRA-PERITONEAL TRANSFUSION.—The grave results which often follow the escape of blood into the peritoneal cavity would scarcely lead to the anticipation that it would be found a suitable site for the transfusion of blood. Nevertheless, it has been shown to be such by Ponfick, and several cases in which intra-peritoneal transfusion has been employed have been recently published by Kaczorowski.

The injection of the blood is by a trocar introduced through the linea alba, the blood being poured through a glass funnel furnished with a flexible looped tube. The operation is performed under strict antiseptic precautions, and the admission of a little pure air into the peritoneal cavity appears to be harmless. The method is recommended especially in prolonged febrile diseases, in which the heart's action fails, and also in chronic anemic diseases. The reaction of the serous membrane is said to be slight, and often *nil*. Of the cases recorded, one

was a female twenty-one years of age suffering from puerperal septicemia; two transfusions were made, each five hundred grams of defibrinated blood. The patient recovered. The second patient was suffering from anemia, hysteria, and spinal irritation, and recovered after a single transfusion. The third case was one of phthisis, and the patient improved by the operation, but died three months later. The fourth was that of a woman fifty years of age, very anemic and depressed, with fungous ulcers in the neck. After the latter had healed there was no improvement in the general condition, but convalescence rapidly set in after the transfusion of six hundred grams (eighteen ounces) of blood. The last patient was a drunkard, forty years of age, suffering from a severe attack of exanthematic typhus, with bedsores. After the transfusion of four hundred grams (twelve ounces) of blood the fever lessened, the other symptoms improved, and the patient recovered.—*London Lancet*.

THE MEDICAL WITNESS.—Dr. Legrand du Saulle, lecturing at the Salpêtrière on the Mental Condition of the Hysterical (*Rev. Méd.*) thus cautions his hearers: "When you are called as a physician before a court of justice, never step beyond the limits of science, and above all do not give yourself up to your imagination. Say only what you know; describe, but never become either judge, accuser, or advocate, but remain the physician. He who quits the limits of his position to become accuser or judge, who seeks to become the public minister or the presiding officer, such a man is no longer the physician. 'That is my opinion,' you will simply state; it is based on such and such facts and considerations; such is the condition of the accused; this or that may exist. Make what applications you choose, for I am not here to render justice."

CRUEL TO BE KIND.—The Anti-tobacco Society would find a fellow-spirit in Johannes, the reigning monarch of Abyssinia, though it would, no doubt, deprecate the severe means which that tyrant takes to break his subjects of their tobacco-consuming habits. "He cuts off," says Colonel Gordon, writing in December, 1879, "the noses of those who take snuff and the lips of those who smoke."—*British Med. Jour.*

In Algeria many European animals perish from what Delanotte considers the malaria of the damp hot plains.

FUNGOID ORIGIN OF DIPHTHERIA.—Dr. Michael Taylor, of Penrith, in recording an isolated outbreak of diphtheria (Brit. Med. Jour.) expresses his belief in the influence of dampness as an exciting cause, and in the connection with that disease of certain fungi associated with dampness. Three children living in the same house and occupying the same bedroom were all seized with diphtheria last August, in a district then free from any epidemic. The house was very healthy until the water-spouting of its roof got out of order. A great rainfall in July caused one wall of the bedroom to become saturated through leakage of the spouting, the paper on the wall facing a passage between the apartment and a second bedroom became sodden and separated from the plaster, and small clusters of a toadstool (*coprinus*) grew on the wall, as well as a fine thready bluish mold. The drainage of the house and its drinking-water supply were very good. Excepting near the damaged spouts, the house was dry; and it is remarkable that the three children slept several weeks in their warm cribs in the damp room without suffering in any way, and it was not until the fungi appeared that they were attacked with true diphtheria. This is in accordance with Professor Laycock's theory, that diphtheria depends on *oidium*, or potato-fungus; for, although in Dr. Taylor's case another vegetation was in question, there is fair reason to believe that the sporules of many kinds of fungus may not merely irritate, but directly infect the mucous membrane of the throat.

THE gratitude of patients to their doctors (though not believed in by some skeptical members of the profession) sometimes takes an embarrassing form, as witness the recent case of Thomas Hobson, seventy-eight years of age, who hung himself in the Prestwich Workhouse, of which he was an inmate, after having made a will bequeathing his body to his medical attendant, "in gratitude for his kindness and urbanity." The gentleman in question has however declined to accept the bequest, and a like reluctance is shown by the School of Anatomy at Owen's College, which had been named by the testator as second legatee.—*Med. Times and Gazette.*

MR. LISTER'S LATEST DRESSING.—As he announced recently to the Clinical Society, Mr. Lister has lately been making extensive use of eucalyptol in place of carbolic acid.

Eucalyptus oil itself, which is the active ingredient in all these new preparations, is a colorless, limpid, watery fluid, the essential oil of the *Eucalyptus globulus*. This is used undiluted as a dressing in the same class of cases as carbolic oil is commonly used. It is also made into an ointment, of which the formula is as follows: Vaseline, $2\frac{2}{3}$ parts; paraffin wax, $1\frac{1}{2}$ parts; oil of eucalyptus, 1 part. The formula for the eucalyptus and iodoform emulsion referred to in the report of one of Mr. Lister's cases of ununited fracture of the patella, is as follows: Eucalyptus oil and powdered gum acacia, of each .96 grains; iodoform, 8 grains; water, to 2 fluid ounces. In operations about the genital organs, or other parts where the presence of numerous hairs and their follicles makes it difficult to render the skin thoroughly antiseptic by the ordinary methods, Mr. Lister has latterly, after shaving and cleansing the parts, applied to them a salicylic cream," which is thus prepared: Six parts of carbolic acid and glycerin (one-in-twenty) are rubbed up in a mortar with one part or one part and a half of salicylic acid until the mixture is of the consistency of a thick smooth cream.—*British Medical Journal.*

BOY SMOKERS.—Whatever difference of opinion there may be among members of the medical profession as to the effects of the moderate use of tobacco by adults, there is a pretty general agreement in the conclusion that the employment of the narcotic weed by persons of immature years is wholly and distinctly detrimental. Some time ago a law was passed in Germany to prohibit the use of tobacco by boys under fifteen, either at home or in the streets. Several of the Swiss cantons have now, it is stated, followed the example of their big neighbor, and made it illegal for youths to indulge in the deleterious habit.—*Exchange.*

THE BITES OF INSECTS.—Just now, when a sudden though probably brief visitation of fine and warm summer weather entails a small plague of flies and insects, it is well to remember that the prompt application of an alkali to the bitten part allays the irritation and commonly at once relieves the suffering consequent on a class of injuries which, though small, are often exceedingly annoying and even troublesome, especially in the case of children and persons with sensitive skins. Soda and ammonia will answer the purpose.—*London Lancet.*

Selections.

Jaborandi and Pilocarpin.—The editor of the British Medical Journal gives the following *résumé* of the therapeutics of jaborandi:

We have at present no officinal preparation of jaborandi, but there are several forms in which it may be conveniently administered. An infusion may be made by breaking up small from a dram to a dram and a half of the dried leaves, pouring over them a cupful of hot water, and allowing it to stand until it becomes cool, when dregs and all should be taken. Although not an elegant preparation, it is convenient and efficacious. There are several tinctures in use, but the one in two is most commonly employed; and it has the great advantage over those of weaker strength that it is not necessary to give so much alcohol with each dose. The liquor jaborandi (one in one) prepared by Mr. Martindale is a reliable preparation, although in some respects inferior to the tincture. The American fluid extract is not frequently prescribed, the dose being from twenty minims to a dram. There are two salts of pilocarpin, the nitrate and the hydrochlorate, and both are in common use. They dissolve readily in water, a convenient strength of either for hypodermic use being one in twenty, the dose being from five to ten minims. The injection never gives rise to any local irritation. It may be taken for granted that if any preparation of jaborandi, in a dose equivalent to a dram or a dram and a half of the powdered leaves, fail to cause profuse perspiration, or salivation, or both, in from ten minutes to a quarter of an hour, it is unreliable; and the same may be said of the nitrate or hydrochlorate of pilocarpin, should a half-grain dose of either not produce these effects. When jaborandi was first introduced many spurious samples were imported, and remnants of these are still occasionally met with. When the matter is not urgent, it is better for the patient to have his dose at bedtime. He should have only a light supper, and should go to bed between the blankets, with plenty of clothes heaped over him. Warming the bed and hot-water bottles to the feet and legs are useful adjuncts. When salivation is profuse the patient should spit out the saliva or it may cause nausea and vomiting. The patient, if left alone, soon falls asleep, and if tucked up need not be disturbed till the morning.

Jaborandi is given with advantage in many fevers. Thus Rokitansky and Griswold have recorded excellent results obtained with pilocarpin in intermittent fever. The former narrates a case in which a paroxysm was cut short almost at once by an injection of a third of a grain of the nitrate, although previous attacks had resisted active treatment during many months. These statements have in the main been confirmed by Dr. Picot, of Bordeaux; but Ringer, in a series of carefully-conducted experiments, found that a dose of pilocarpin given just before the onset of an ague-fit in no way reduced temperature, and did not modify the duration or severity of the attack. Dr. Simmons, of New York, has recently recorded a number of cases of cholera treated with jaborandi with good results. He found that in the stage of complete or partial suppression of the urine it always excited the activity of the skin and salivary glands, and that its administration was usually followed by a copious secretion of urine with amelioration of all the symptoms.

The late Prof. Gubler, in a lecture in his course on therapeutics in the Faculty of Medicine at Paris, spoke highly of jaborandi in the exanthemata when the rash failed to appear in due course. It is in cases of malignant scarlet fever that it is used with such signal benefit. In the dropsy following scarlet fever it may be given without hesitation. In a paper read before the Medico-Chirurgical Society of Edinburgh on November 10, 1875, Dr. Craig said that he had given jaborandi in post-scarlatinal nephrites, and also in a case post-scarlatinal dropsy, with anasarca and ascites and albumen in the urine. Digitalis, purgation, and local applications failed to afford relief, and edema of the lungs came on, followed by frequent convulsions. Jaborandi, first in ten-grain and afterward in thirty-grain doses, for fourteen days, gradually overcame the anasarca, and the boy completely recovered. Equally good results have been obtained by Ciaramella and by Cortezo. Demme, of Berne, who has had considerable experience with this drug in children's diseases, finds that unfavorable symptoms rarely or never occur. Dr. Bruen, of Philadelphia, speaks highly of jaborandi in the dropsy of Bright's disease and states that he has never met with such favorable results from any other drug or mode of treatment. Ringer, however, speaks less enthusiastically. He has used it in many cases not only without benefit, but with positive ill effects. It has in his hands so generally caused nausea and vomiting, with depression, that he has been glad to discontinue the treatment. In uremia, pilocarpin proves an efficient substitute for the hot-air bath, acting more quickly and surely. As it increases markedly the excretion of urea, it is probably more effective than the baths in relieving uremic phenomena. The case is recorded of a young woman who was admitted into the Bellevue Hospital suffering from convulsions and delirium. There was no edema, but her urine was nearly solid with albumen, and contained blood and small casts. She was given a full dose of pilocarpin hypodermically, and in fifteen minutes was sweating profusely, and the convulsions had ceased. She was restless and wandered in her mind for the next twenty-four hours, but had no other bad symptom. A dram of jaborandi was subsequently given on alternate days, and in a week the albumen had nearly disappeared, and she felt quite well. M. Boegehold has recently published four cases of undoubtedly uremia in which pilocarpin was employed hypodermically. In the first case the patient was a child five years of age. Acute uremia supervened during convalescence from scarlatina. About an eighth of a grain was injected and the convulsions ceased. At the expiration of an hour the patient had regained consciousness. Another attack supervened a few days later, and the symptoms were arrested by two similar injections. The injections were then given regularly for twenty days and the attacks were not renewed. Ten days later the albumen had disappeared and the cure was complete. In the other cases the results were equally satisfactory.

Digitalis.—Dr. H. C. Wood, in opening a discussion on digitalis before a recent meeting of the Philadelphia County Medical Society (Med. Times), referred to the current views in regard to the action of digitalis upon the nervous apparatus of the heart, and claimed for it a peculiar effect upon the heart-muscle. This influence, which had been fully demonstrated by physiological experiment and sustained

by clinical observation, renders digitalis particularly serviceable in the condition of heart-disease in which the increased work required of the heart is greater than the increase of the power, without regard to the particular valve which may be affected. It improves the nutrition of the heart by regulating its contractions and lengthening the diastolic interval, doing away with the rapid imperfect contractions which interfere with the blood-supply of the cardiac muscle. In such cases the nutrition of the heart suffers because it is necessary to have lateral distention of the aorta in order to fill the arteries in the muscular tissue. A little digitalis steadies the heart, and therefore improves its condition and retards degeneration.

In chronic valve-trouble of the heart digitalis is serviceable, and sometimes must be given in large doses. A half-dram dose of the tincture apparently saved from impending death two cases of advanced heart-trouble coming under the speaker's observation. They afterward got well enough to attend to their business. It enables the heart to gather up its strength, and keeps it going until the last. By the surgeon, digitalis is often used improperly. Thus, it is not rarely given in aneurism, where the great danger is from increased lateral pressure, not want of forward pressure. In one case coming under his observation digitalis caused the rupture of an internal aneurism at the hospital. The patient had been brought in without any diagnosis, and no one had suspected aneurism.

In acute diseases with failing heart, digitalis may be employed. Such a condition may occur in asthenic or in the advanced stages of sthenic pneumonia. In the early stage of sthenic pneumonia it is improper to give it. Such a medicine as veratrum viride, which produces vasomotor paralysis, is indicated, so "as to bleed a man into his own tumors." Blood is drawn to the lungs because there is there a local vasomotor palsy. Produce a general vasomotor palsy, and the local attraction ceases. When the lung is consolidated throughout a large extent the heart is overworked; by and by it begins to fail, the pulse gets rapid and feeble; now digitalis comes into play. It will save life in such a condition when the patient without it must die. Take the case of a drinking man, seen a few days since, suffering with pneumonia, pulse 150 to 160, respirations 60 to the minute, delirium persisting for two or three weeks, expectoration of pure blood, etc. This man was given ten minimis of tincture of digitalis every two hours, day and night, until the pulse fell to 60, when the digitalis was stopped, and resumed as the pulse went up. By the aid of milk and whisky the patient was saved.

Two points in conclusion: (1) In regard to the cumulative action, (2) in regard to the cause of the slow action of digitalis, the remedy acts slowly in producing its full effect, and its effects are very permanent when they do appear. Some agents act more quickly than others. Digitalis acts slowly and cumulatively, not only because of its special influence on the heart, but because it only comes very slowly in contact with heart-structure, since it osmoses slowly into and out from the body. Where it fails to act upon the kidneys, it is more apt to act cumulatively on the heart. The practical point is this: Watch the kidneys when giving large doses of digitalis; if water is not passed freely, then cumulative action will be apt to occur. In a case of chronic pleurisy Dr. Wood tried to run off the water by the kidneys. The pulse ran down steadily from 70 to 40 in four days after the medicine

had been withdrawn. It was a long time before the effect of the digitalis was manifested, and it was long before it ceased to act. In the pneumonia case, after the pulse began to drop, it was eighteen or twenty hours before it again reached the normal. The longer the digitalis is in action, the more likely it is to have a lasting effect. After abdominal tapping the digitalis often shows itself in reducing the heart's action. Either the digitalis has been lying in the intestines unabsorbed, or in the cellular tissue probably all the fluids are saturated with the drug.

Digitalis is a very useful remedy in cases of syncope and collapse. Formerly alcohol alone was used. One of the advances of modern therapeutics was to teach the danger of giving large doses of alcohol in cases of surgical shock. Belladonna and digitalis are proper remedies, given by the hypodermic injection. The pulse begins to fill up in twenty minutes or half an hour. No irritation is produced at the point of puncture. Throw in twenty minimis of the tincture at once, and expect to find the result in half an hour.

He did not wish his remarks to be understood as declaring that digitalis was entirely without danger, but he had used it in hundreds of cases, and had seen men apparently dying revive under its effects. It is important to stop it as soon as evidence appears in the pulse that it is beginning to be absorbed. Used in this way, he did not believe that there would ever be any serious cases of poisoning with it.

Cantharides Poisoning.—Mr. Clarke treats almost every case of gonorrhœa during its primary symptoms—e. g. scalding, chordee, etc.—with thick discharge, by saline medicines with tepid-water injections. When the discharge becomes thinner and all active inflammation has abated, iron and cantharides are prescribed internally in the form of tincture of the perchloride of iron and tincture of cantharides, of each five minimis three times a day, and an injection of sulphate of zinc of the strength of two grains to the ounce. In the first case of poisoning the patient had been taking the cantharides mixture for five days, at the end of which time he was virtually cured. A week after the discontinuance of the medicine he was attacked with violent pain over the bladder, and this was accompanied upon the following day with strangury. The symptoms, which at first were very severe, passed off at the end of about four days under the use of nitric acid and hyoscyamus internally and hot baths upon the recurrence of the strangury. In the second case the patient after taking two doses only of the cantharides mixture had some of the symptoms of poisoning, viz. frequent desire to pass urine, burning pain during micturition, which was very difficult and was always accompanied toward the end of the process by a few drops of blood. Half the dose was then ordered but the directions were not followed, the full dose being continued, yet the symptoms rapidly abated. In each case every trace of the gonorrhœa was removed, and as soon as the active symptoms produced by the cantharides had passed off the patient felt as well as ever, and had not the slightest discomfort in the urinary organs. The delay of the symptoms in the first case may probably be explained by the supposition that the drug became stored up in the kidneys, and that after a short time its cumulative action gives rise to the symptoms of poisoning.—*London Lancet.*